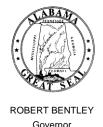
# **Alabama Medicaid Agency**



### 501 Dexter Avenue P.O. Box 5624 Montgomery, Alabama 36103-5624

www.medicaid.alabama.gov e-mail: almedicaid@medicaid.alabama.gov

Telecommunication for the Deaf: 1-800-253-0799 334-242-5000 1-800-362-1504



STEPHANIE MCGEE AZAR
Commissioner

November 10, 2015

#### Dear Potential Vendor:

The Alabama Medicaid Agency ("Medicaid") is seeking proposals to provide dental consulting services. Proposals will be accepted until **Wednesday**, **December 9**, **2015 at 5:00 PM CT**.

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected Vendor must not begin performing work under this contract until notified to do so by the departmental contracting agent.

When submitting a proposal, please read the entire Request for Proposal (RFP) document and return your proposal in the requested format. All proposals should be submitted typed and contain an original signature. Submissions should be delivered to the RFP Project Director:

Beth Huckabee Medical Support Unit Alabama Medicaid Agency PO Box 5624 501 Dexter Avenue, Suite 3030 Montgomery, Alabama 36103

Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial Delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are <u>not</u> accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed through the State mail facility before it is forwarded to the appropriate State agency. This may result in a delay of arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely. Postmarks of the date mailed are insufficient; the proposal must actually be received at the above listed office by the date/time specified.

Please direct all questions to dentalrfp@medicaid.alabama.gov.

Sincerely,

Beth Huckabee, Dental Program Manager Medical Support Unit

BH

Enclosures: 2 [RFP – Request for Proposal and RFP Proposal Response]

# Request for Proposal (RFP) Number 2015-Dental-01 Dental Consulting Services

**Organization:** Alabama Medicaid Agency (Medicaid)

RFP Closing Date: Wednesday, December 9, 2015 (5:00 PM CT)

The RFP must be received at the below physical address by the listed date and time. Emailed or faxed responses are non-

acceptable.

**RFP Project Director:** Beth Huckabee

Medical Support Unit Alabama Medicaid Agency

PO Box 5624

501 Dexter Avenue, Suite 3030 Montgomery, Alabama 36103-5624 Email: dentalrfp@medicaid.alabama.gov

RFP Questions: Vendors with questions requiring clarification of any section within this RFP must submit questions to dentalrfp@medicaid.alabama.gov. Questions and answers will be posted on the website. Tuesday, November 17, 2015, is the deadline to submit a RFP question.

**RFP Mailing Reminder:** Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial Delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are not accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed through the State mail facility before it is forwarded to the appropriate State agency. This may result in a delay of arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely. Postmarks of the date mailed are insufficient; the proposal must actually be received at the above listed office by the date/time specified.

# Purpose/Background for RFP:

Medicaid is seeking a currently Alabama licensed dentist with five plus years of experience as a practicing dentist to provide consulting services as a contractor. The contractor must serve Medicaid as a dental consultant carrying out the duties outlined within this RFP.

Currently, there are 2,525 active licensed dentists within the State of Alabama and approximately 827 Medicaid enrolled dentists with a claim paid in fiscal year (FY) 2014. More dental specific information can be found on the Medicaid website www.medicaid.alabama.gov.

All information contained in this RFP and any amendments reflect the best and most accurate information available to Medicaid at the time of preparation. No inaccuracies in such data shall constitute a basis for change of the payments to the contractor or a basis for legal recovery of

damages, actual, consequential or punitive, except to the extent that such inaccuracies are the result of intentional misrepresentation by Medicaid.

## Additional information:

- In order to do business in the State of Alabama, all businesses domestic<sup>1</sup> or foreign<sup>2</sup> must be registered with the Alabama Secretary of State Office.
- All Vendors must enroll in the E-Verify System with Homeland Security.
- Before a contract is signed, the Contractor awarded the contract must submit the following completed forms:
  - ✓ Certificate of compliance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Ala. Code § 31-13-1 et seq.)
  - ✓ Contract Review Report
  - ✓ Alabama Medicaid Business Associate Addendum
  - ✓ Immigration Status Form
  - ✓ State of Alabama Disclosure Statement

*Contract position is currently available at the following location (s):* 

• Alabama Medicaid Agency Central Office, Montgomery, Alabama

*Required qualifications for individual Vendor:* 

- Be a graduate with a Doctor of Dental Surgery (D.D.S) or Doctor of Dental Medicine (D.M.D) from an accredited school of dentistry
- Possess a current Alabama dental license and in good standing with State Board of Dental Examiners
- Not a current active enrolled Alabama Medicaid Provider
- Five plus years of experience as a practicing dentist
- Available on-site in Montgomery, Alabama a minimum of two (2) days a week

Scope of Work for individual Vendor:

The Vendor must describe their ability to provide the consulting services below:

- Provide clinical interpretation and apply the policies and standards in accordance with Alabama Medicaid policy.
- Primary responsibility is to review and process prior authorization (PA) requests for certain oral health services. Vendor must approve or deny the requests in accordance with approved Medicaid criteria. Vendor will ensure that Medicaid criteria are applied in a uniform manner to all requests. (See Chapter 13 of the Alabama Medicaid Provider Manual for current Medicaid PA criteria).

<sup>&</sup>lt;sup>1</sup> Domestic means within the State of Alabama

<sup>&</sup>lt;sup>2</sup> Foreign means outside the State of Alabama

- Review current Medicaid PA criteria and make recommendations for change based upon clinical review of current medical literature, other states' Medicaid program criteria, and Medicare or other organizations' criteria.
- Discuss and answer clinical questions regarding dental policies with providers or provider staff. The communication for the clinical questions may include electronic format, via telephone/conference calls, hard copy (memos, letters, etc.), or face-to-face meetings. In addition, the contractor will meet with the State Dental Association groups to solicit comments regarding current and future Medicaid dental policies.
- Participation as a member of the Dental Task Force
- Evaluate comprehensive dental cases, hospital cases, and make clinical recommendations to Medicaid regarding dental services.
- Provide consultation and professional assistance to Medicaid in review of policy questions and issues.
- Review current Medicaid Dental policies and make recommendations for change based upon clinical review of current medical literature, other states' Medicaid program criteria, and Medicare or other organizations' criteria. (See Chapter 13 of the Medicaid Provider Manual for current Medicaid dental policies).
- Recommend and develop edits and audits to prevent inappropriate billing or payment for non-covered or unauthorized services.
- Produce utilization reports from the Medicaid billing system in order to gather information, conduct utilization reviews, investigate billing patterns, and recommend appropriate actions as necessary.
- Perform on-site dental provider visits and on-site records reviews to assess compliance with Medicaid policies.
- Participate in any administrative actions, such as fair hearings, pre-hearing conferences, and court actions, when circumstances warrant participation.
- Review medical records in order to identify overpayments and potential errors in provider billing.
- Provide detailed written reports summarizing medical record review findings to include recoupment, professional board and Medicaid Fraud Control Unit (MFCU) referral recommendations when needed.
- Recommend, assist, and coordinate provider reviews with the Provider Surveillance Utilization Review Department and the Alabama Attorney General's Office.
- Respond to Medicaid requests in a timely manner. It is expected that all telephone calls, emails and faxes from Medicaid should be responded to within 24 hours.
- Notify applicable Medicaid staff, in advance, that the Consultant will be unavailable or out of the office.

# Request for Proposal (RFP) Number 2015-Dental-01 Dental Consulting Services RFP Proposal Response

The instructions below must be followed or responses will not be accepted.

Respondents are encouraged to respond fully to each inquiry, but to be as concise as possible.

Each proposal must contain specific responses to each of the following requests:

- Submit a one page cover letter summarizing your proposal
- Enclose individual contact information to include:
  - o Legal name
  - Valid address
  - o Telephone number
- Body of the proposal must include:
  - Support documentation to justify respondent's abilities to provide the scope of work for this RFP
  - o Previous experience/background to include:
    - o Number of years as a dental provider
    - o Similar work experience (consulting, prior authorization review, etc.)
    - Description of type of dental practice (number of patients, staff size, location, etc.)
    - Description of involvement in dental practices by the Vendor (billing practices, administrative duties, etc.)
  - o Three (3) work references
  - A statement acknowledging the understanding and compliance with the RFP, including the required qualifications and Vendor duties described herein
- Clearly mark the outside of the envelope "RFP for Dental Consulting Services"
- Vendors must submit one original Proposal with original signatures in ink, five (5) additional hard copies in binder form, plus two electronic (Word format) copies of the Proposal on CD, jump drive or disc clearly labeled with the Vendor name and the procurement number (2015-Dental-01)

The entire proposal must be received at the following address no later than 5:00 PM CT on Wednesday, December 9, 2015.

<u>Please review the mailing reminder</u>. All proposals received after the deadline will not be considered. Mail to:

Beth Huckabee Medical Support Unit Alabama Medicaid Agency PO Box 5624 501 Dexter Avenue, Suite 3030 Montgomery, Alabama 36103-5624

## State Not Responsible for Preparation Costs:

The costs for developing and delivering responses to this RFP and any subsequent presentations of the proposal as requested by the State are entirely the responsibility of the Vendor. The State is not liable for any expense incurred by the Vendor in the preparation and presentation of their proposal or any other costs incurred by the Vendor prior to execution of a contract

#### Evaluation Process:

A review committee will examine each proposal submitted. Medicaid expects a final selection on or before **Tuesday**, **December 29**, **2015**.

#### Selection Criteria:

All proposals will initially be classified as either "compliant" or "non-compliant."
Proposals may be found non-compliant at any time during the evaluation process or
contract negotiation if any of the required information is not provided or the proposal is
not within the plans and specifications described and required in the RFP. If a proposal is
found to be non-compliant, it will not be considered further.

#### Evaluation Criteria:

Proposals will be evaluated based on their responsiveness to the items contained in the RFP Proposal Response Section of this document. It is expected that the review committee will rate responses according to the following ways:

- Ability to perform Scope of Work (50%)
- Background and references (50%)

### Pricing:

Compensation for services rendered hereunder must be on the basis of time for the rate of eighty dollars (\$80.00) per hour for each hour of professional time actually expended by Vendor in performance of assigned duties. In addition, some travel for attendance at county association dental meetings and regional meetings will be required. Medicaid will approve prior to such attendance and payment will be made at the state reimbursement rate. Medicaid will also allow up to \$3,500.00 per year reimbursement for malpractice/liability coverage for functions performed as a Consultant for Medicaid. Total compensation payable for time under this contract must not exceed \$100,000.00 per year. Total compensation for travel will be dependent on duties required and is not included in the annual amount. Payment for services rendered must be made by Medicaid based on Vendor's submission of an itemized sworn invoice reflecting amount, date, place, and kind of service.

# \*Tentative Calendar of Events:

Vendor Letter Issued - November 10, 2015
Deadline for questions to be submitted posted as available - November 17, 2015
Final posting for questions to website - November 24, 2015
Proposals due by 5:00 PM CT - December 9, 2015
Evaluation Period - December 10-15, 2015
Contract Award Notification – on or before December 29, 2015
Contract Review Committee – TBD
Official Contract Award/Begin Work –February 1, 2016

<sup>\*</sup>All date are subject to change.